

**TRANSMITTAL**

Electronic Version v1.1

Stylesheet Version v1.1.0

Title of Invention	Color Imaging System and Methods							
<p>Application Number: 09/736135 Date: 2000-12-15 First Named Applicant: Kristina Johnson Confirmation Number: 8143 Attorney Docket Number:</p>								
<p>I hereby certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.</p> <p>I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.</p>								
<table border="1"><thead><tr><th>Submitted by:</th><th>Elec. Sign.</th><th>Sign. Capacity</th></tr></thead><tbody><tr><td>Brian McCormack Registered Number: 36,601</td><td>Brian C. McCormack</td><td>Attorney</td></tr></tbody></table>			Submitted by:	Elec. Sign.	Sign. Capacity	Brian McCormack Registered Number: 36,601	Brian C. McCormack	Attorney
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Comments

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**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Color Imaging System and Methods								
<p>Application Number: 09/736135 Date: 2000-12-15 First Named Applicant: Kristina Johnson Attorney Docket Number: Art Unit: 2851 Examiner: William C. Dowling</p>									
<p>TOTAL FEE AUTHORIZED \$180</p> <p>Patent fees are subject to annual revisions on or about October 1st of each year.</p>									
BASIC FILING FEE									
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
Fee Description	Fee Code	Amount \$	Fee Paid \$						
Submission Of Information Disclosure Stmt Fee	1806	180	180						
<p>AUTHORIZED BILLING INFORMATION</p> <p>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit account number: 130480 Access Code: **** Deposit name: Baker McKenzie Deposit authorized name: Brian C. McCormack Signature: Brian C. McCormack Date (YYYYMMDD): 2003-07-24</p> <p>Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.</p>									

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